SOLACE

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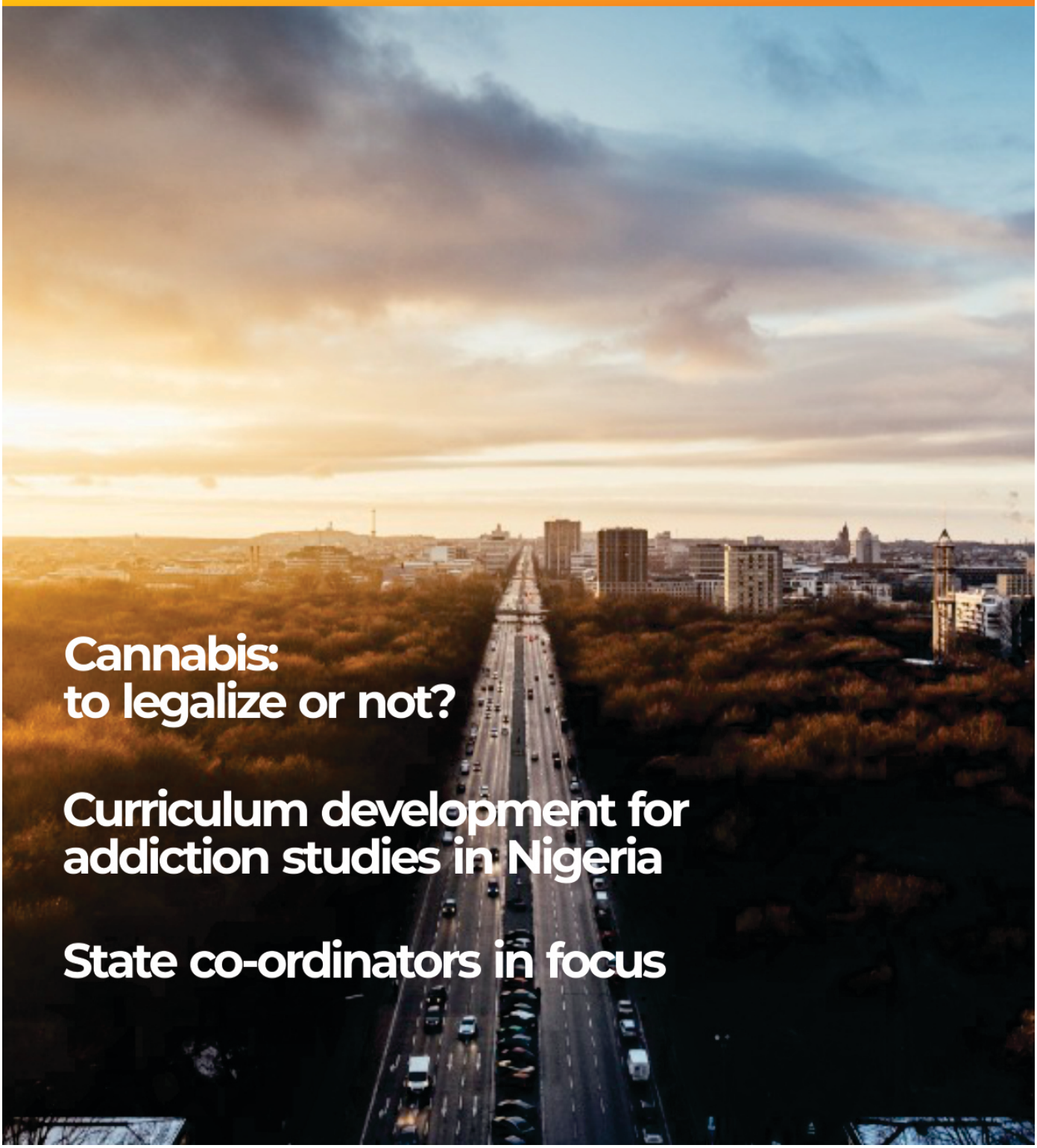

Cannabis: to legalize or not?

Curriculum development for addiction studies in Nigeria

State co-ordinators in focus

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STATE CO-ORDINATORS IN FOCUS

Our state co-ordinators strive to drive up membership, interactivity, and impact at the state chapters of ISSUP Nigeria. In this series, and subsequent editions, we will profile state coordinators across the country.

EFIONG, Veronica

Efiong Veronica is a Senior Clinical Psychologist with the Drug Addiction Treatment Education and Research (DATER) Unit of the Federal Neuro-Psychiatric Hospital, Benin City, Edo state. She earned a BSc. Psychology from Nnamdi Azikiwe University Awka, Anambra state and obtained an MSc. in Clinical Psychology from the University of Lagos. She is a member of several professional bodies including the Nigerian Association of Clinical Psychologists (NACP), Nigerian Psychological Association (NPA), and Employee Assisted Professional (EAP). She is a UNODC National Trainer on assessment, screening, and treatment planning. She has received several trainings in the field of Addiction Treatment and Prevention; Universal Treatment Curriculum (UTC) and Universal Prevention Curriculum (UPC). She is a Drug Demand Reduction Professional member of the International Society for Substance Use Prevention and Treatment Professionals (ISSUP) and coordinator, ISSUP in Edo State.

POPOOLA, Fatima Abiola (ACN)

Fatima Abiola Popoola, an Assistant Commander of Narcotics works at the National Drug Law Enforcement Agency (NDLEA), Kaduna State Command and in charge of Drug Demand Reduction activities. She holds an HND in Marketing, from The Polytechnic Ibadan, a PGD in Criminology and Security Studies, from the National Open University of Nigeria, a PGD in Education, from Ahmadu Bello University, Zaria, and currently undergoing an M.Ed in Guidance and Counseling from the National Open University of Nigeria. Apart from her basic academic qualifications, Fatima has attended numerous trainings organized by United Nations Office on Drugs and Crime (UNODC), Universal Prevention Curriculum (UPC) and Universal Treatment Curriculum (UTC). She is a Drug Demand Reduction Professional member of the International Society for Substance Use Prevention and Treatment Professionals (ISSUP), member, International Society for the Study of Drug Policy (ISSDP), Drug Free Arewa Movement (DFAM), Ambassador, Youth Against Drug Abuse (YADA) Nigeria. She is the coordinator, ISSUP in Kaduna state.

Prof. OLA, Bola

Bola Ola is a Professor in Department of Behavioral Medicine, Lagos State University and an honorary Consultant Psychiatrist in the affiliated teaching hospital. His qualifications include MBChB (Ife), Advanced Cert. in CBT/REBT (USA), Certificates in Quality Management Systems (Nig.), Strengthening Family Program (USA), Leadership and Management in Health (USA), Project Management (USA), Behavioral Activation Therapy (UK); FWACP, FMCPsych; M.Sc. with distinction in Mental Health Policy and Services (Portugal), M.S. in Addiction with distinction (USA), Postgraduate Diploma in Education (UK), PhD with Faculty Commendation in Applied Social Science (UK).

Apart from being a Fellow of International Society of Affective Disorders, of Japanese Society of Psychiatry and Neurology and an Elsevier Reviewer Recognition Awardee, he is a UNODC Global Trainer in Drug Demand Reduction, National Coordinator of International Consortium of Universities for Drug Demand Reduction (ICUDDR), a National Trainer in Universal Prevention Curriculum in Addiction (UPC), a member of the International Society of Addiction Medicine, and a Drug Demand Reduction Professional member of the International Society for Substance Use Prevention and Treatment Professionals (ISSUP).

He has received several awards and honors in relation to his works especially in substance abuse such as Certificate of Merit: National Drug Law Enforcement Agency, in 2000; and NIDA-ISAM Fellowship Grant Award in Oslo, Norway, 2011. He is an Ambassador of Community Anti-Drug Coalitions of America in Nigeria since 2014 and an African Regional Representative for International Program in Addiction Sciences since 2015.

He has over 100 peer-reviewed publications, one of the 500 topmost Nigerian researchers in 2015 to 2019, and is one of the most cited psychiatrists in Africa. He is the coordinator, ISSUP in Lagos state.

Congratulations

Dr. Martin O. Agwogie, the President of ISSUP Nigeria Chapter appointed into the Board of Directors of ISSUP Global. Also received an appointment as an Asst. Professor, College of Humanities and Sciences, Virginia Commonwealth University, Virginia, United States.

SOLACE INTERVIEW WITH PROF. MICHAEL EZENWA

SOLACE brings you another interview with a professional in the field of substance abuse prevention and treatment; Prof. Michael Ezenwa

SOLACE: Can we meet you?

ME: My name is Michael Ezenwa. I am a Professor of Clinical Psychology in the Department of Psychology, Faculty of Social Sciences, Nnamdi Azikiwe University. I currently serve as the Associate Dean, (Humanities) School of Postgraduate Studies of Nnamdi Azikiwe University (UNIZIK) and a member of the management committee of the University's Directorate of Counselling Services. At the professional level, I am the President of The Nigerian Psychological Association (NPA), which is the apex organisation for Psychologists in Nigeria. In the area of substance use prevention and treatment, I am a National Trainer in the Universal Prevention Curriculum (UPC) Core and the School-Based track, also received training in the Universal Treatment Curriculum (UTC) both of which have deepened my appreciation of substance abuse related issues. Apart from being the Assistant Coordinator of the International Consortium of Universities for Drug Demand Reduction (ICUDDR) in Nigeria, I am a member of the National Executive Council of ISSUP Nigeria and coordinates the South East Zone of the country.

SOLACE: What is your appraisal of the state of qualified treatment and prevention professionals in Nigeria at the moment?

ME: Given our population estimated at over 200 million people and the rate and dimensions of drug misuse in contemporary Nigeria especially among the active population, more substance use prevention and treatment

Prof. Michael Ezenwa

professionals are needed to support existing structures. If you consider that many health facilities in urban and rural communities do not offer mental health services in general due to lack of mental health professionals in the facilities such as psychiatrists, clinical psychologists, occupational therapists etc. with the result that clients do not get holistic health (since there is no health without mental health), you may then appreciate the need for these professionals. This absence of Substance Use Disorders (SUD) professionals in many health facilities increases suffering, relapse risk and other costs for clients and families. A look at the most recent (2018) household survey on drug (exclusive of tobacco and alcohol) misuse in Nigeria (UNODC, 2018) showed a high prevalence rate of 14.4% compared to about 5.6% globally in 2016. The report added that two-thirds of the high-risk persons who use drugs indicated subjective need for treatment. However, about 40% of those who wanted treatment could not access same, the study added. In addition, insufficient qualified SUD professionals in health facilities predicts poor

quality services including relapse, easy disconnection between facilities and clients and poor or no continuing care. Furthermore, even in some tertiary health facilities where some mental health professionals in particular SUD prevention and treatment professionals may exist, they do require periodic additional training to guarantee evidence-based quality services that are most cost effective, client specific and need-driven. The current highly skewed client- clinician ratio generates stress, fatigue and burn out for the few available SUD professionals. Nigeria therefore needs additional SUD professionals. She also should insist through budgetary provisions and implementation tracking that SUD professionals update their competences in tandem with changing drug use patterns, demography, risks, and prevalence. Furthermore, given the complexity of drug use issues in Nigeria, there is need for more home-grown research to inform specific evidence-based practices to drug misuse challenges if progress can be recorded in the shortest period of time.

SOLACE: Currently no formal curricula exists for training professionals in Nigeria universities, what can and should be done?

ME: We need to increase capacity by opening training centres in institutions of higher education especially universities to fast-track manpower development, research, and effective practice. Scholarship programmes, endowments and other incentives will facilitate rapid enrolment into SUD programmes by existing mental health professionals and allied professionals. Nigeria needs SUD professionals now than ever.

SOLACE: In what ways can substance use prevention professionals contribute to efforts at mitigating the rising drug problems in Nigeria?

ME: SUD professionals can contribute in mitigation of drug related challenges in Nigeria in more than a way. They can assist with providing research data to deepen understanding of drug problem situation in the country from time to time given that drug abuse pattern, demography, and prevalence change with time. SUD professionals can provide effective assessment and other interventions that are evidence-based to clients and in this way reduce cost of treatment and duration of suffering of persons with substance use disorders, families, and communities. A key area of evidence-based practice that these professionals bring to bear is relapse prevention which is extremely critical to effective SUD treatment. Furthermore, SUD prevention and treatment professionals have sufficient competence to advise governments on policy issues and programmes on the best approach to drug misuse issues. It is also important for these professionals to regularly update their skills and knowledge in line with current evidence from research. In addition, SUD professionals promote advocacy to reduce discrimination and stigmatisation against persons with SUD and focus upon other efforts to encourage state actors to budget specifically for prevention and free, accessible treatment for SUD.

It is important to note that while drug issues in Nigeria seem to be escalating in complexity, epidemiology and characteristics, there are however some developments that give hope for a better Nigeria in the near future. In the first instance, many mental health professionals in Nigeria including clinical psychologists, psychiatrists, medical social workers have received evidence -based prevention and treatment trainings from or through United Nations Office on Drugs and Crime (UNODC), African Union, International Consortium of Universities for Drug Demand Reduction (ICUDDR), International Society of Substance

Use Prevention and Treatment Professionals (ISSUP) and many other similar organisations. These training opportunities have contributed largely to a new evidence-based approach to dealing with the substance use challenges in Nigeria. In addition, the exposures have contributed to the development of addiction studies programmes in Universities in Nigeria. In my University, Nnamdi Azikiwe University, the Department of Psychology has developed a Master of Science progamme in addiction study, the first of its kind in Nigeria. It is hoped that the programme will receive the last seal from relevant authorities soon after resumption from the COVID-19 pandemic. This will help to train the needed specialised manpower in SUD prevention and treatment. Furthermore, there seems to be more commitments from Federal Government of Nigeria and the various State Governments in favour of prevention, control and treatment of SUD. This became imperative as a result of current high epidemiological evidence. It is my belief therefore that these international collaborations on capacity building will synergise with the new commitments of governments in Nigeria to improve on substance use prevention and treatment in the country. On a final note, I will like to put on record my appreciation of UNODC, ISSUP, ICUDDR and Colombo Plan for their support to the fight against substance abuse in Nigeria and for assistance in my training as a substance use prevention and treatment professional which multiplier effect is penetrating into my clinical and academic work as well as my social environment.

APPOINTMENT

Mr. Ikenna Daniel Molobe

The International Substance Abuse and Addiction Coalition (ISAAC) headquartered in UK, has appointed Mr. Ikenna Daniel Molobe as the Focal Point for Africa. ISAAC is an international network of Christians, working in the tough field of substance abuse, addictions and recovery across the world. Members work with people with drug and alcohol problems as well as people with other forms of addiction like eating disorders, relationships and codependency. Mr. Molobe is the co-founder and Director of Unified Initiative for a Drug Free Nigeria. Mr. Molobe also serves on the executive board of ISSUP Nigeria as the treasurer. He holds a Masters degree in Public Health.

KNOWLEDGE UPDATE

Criminalization versus Decriminalization of cannabis use in Nigeria: what is the fuss about?

Dr. Suwa G. Goar

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INTRODUCTION

Cannabis is produced in nearly every country of the world. It is the most controversial but widely produced and consumed illicit drug. The highest levels of cannabis herbs production in the world (25%) take place in Africa[1]. The International Drug Control Treaties of the 1961 Single Convention on Narcotics Drugs which majority of governments are signatories; that rendered cannabis products illegal was largely based on social and moral issues that have evolved and are evolving over time from one country to another. Many countries are now adopting new approaches to cannabis control policies that are evidence-based and humane because, the former has failed to meet the expected outcome. This has generated fuss in many countries and Nigeria is not an exception for and against criminalization, decriminalization and legalization of cannabis.

COMPOSITION AND EFFECTS OF CANNABIS

Cannabis has been reported to contain over 500 different compounds belonging to diverse group of chemical classes; the most important is the cannabinoids. The potency of cannabis is expressed as the contents of THC – tetrahydrocannabinol in the preparation[2]. Reports indicate that the potency of cannabis preparation has been increasing over the years. This has been attributed to the use of intensive indoor cultivation of female plants and clones, grown under artificial light using hydrophobic cultivation. Studies have shown that there is increase in the THC content in cannabis samples, from 3% in 1980 to 12 % in 2014, with the consequences now being worse than in the past[3]. Higher THC content can increase anxiety, depression and psychotic symptoms, and can increase the risk of psychotic symptoms, dependence and increase adverse effects on the respiratory and cardiovascular systems in regular users[3, 4].

Some constituents of cannabis, for example cannabidiol which is non psychoactive have been cited as helpful for specific medical conditions such as multiple sclerosis, chronic pain syndrome, glaucoma, for increasing appetite and decreasing nausea and vomiting in patients undergoing chemotherapy. However, these studies have been said to be inconclusive for lack of standardization of the active ingredients, small sample size and a variety of administration routes[5, 6].

There are many factors that increase the vulnerability of young people using cannabis. Some of these factors can be individual characteristics and environmental influence[7,8].

It is important to note that these vulnerability factors are largely beyond the control of the individuals. In Nigeria, about 54% of the youths are unemployed and about 21% of these aged 15 – 24 have never been to school, thus making them highly vulnerable [9].

CRIMINALIZATION OF CANNABIS USE AND ITS EFFECTS

The possession and use of cannabis is legally prohibited in Nigeria and in all countries that are signatures to the 1961 single convention, the treaty which provides the major legal framework for international prohibition of cannabis [10]. Cannabis use remains classified in the control of substance Act as a schedule 1 drug. This classification implies that it has a high potential for abuse and currently no accepted safety for use under supervision by a physician. The Concerns about the health and social consequences of cannabis use are the reasons behind the repressive drug policies in Nigeria, and law enforcement operations mostly target the cultivation, distribution of cannabis and vulnerable users. More worrisome, is that the formulation of cannabis and other drug policies in Nigeria is not guided by evidence of what works but rather based mostly on internal pressures; the prevailing moral, cultural and religious attitudes, and external pressures from western nations than threatened to impose economic and political sanctions on countries that do not fully comply [11, 12].

Despite these harsh laws, an estimated 192 million people used cannabis in 2018, making it the most used drug globally. Africa has the third highest cannabis prevalence rate in the world, after the Oceania, region and North America, with estimates ranging from 21.6 to 59.1 million users or 3.8% to 10.4% of the population [13]. In Africa, Nigeria leads with an estimated prevalence of use among 15 – 64 years old which stood at 14.8% and a third of them are dependent on the drug [14]. It is the primary drug of abuse among people seeking help for substance use disorders in treatment facilities (survey of subs treatment). Cannabis accounts for the largest number of arrests for drug related offences in W/Africa [15] and most arrests are for possession of small quantities for personal use. The rationale behind the criminalization of people who use drugs which has led to series of human right abuses is based on the ideology that the more the severity of punishment the lesser the chances for the individual to return to drug use. However, scientific evidence has shown that there is no correlation between severity of punishment and abstinence from drug use [16].

Studies have shown that prohibition does not reduce cannabis use, rather it produces social harms such as stigma, arrest and criminal record, disruption of relationships, loss of employment and housing, and related violence [17]. It also pushes users into adapting more dangerous practices; strong drugs replace moderate drugs, consumptions moves to riskier settings where social controls are weak. Furthermore, structural policies linking drug use to crime, along with popular belief of stereotyping drug users as criminals, no doubt contributes to labeling and targeting of street cannabis users as criminals [17]. Consequently, fostering the normalization of police violence against cannabis users and aggravates their marginalization and suffering. With these monumental unintended consequences, there is no gainsaying that the current approach that relies more on supplying and applying punitive measures to drug use has failed. This has been aptly put by the then United Nations Secretary General Mr. Kofi Annan “Drugs have harmed many people, but bad government policies have harmed many more”.

THE WAY FORWARD

In as much as the objective of any policy or law is to reduce the risks of its citizenry of suffering

from the health and social consequences of cannabis by curtailing the availability and accessibility, it should also put in place practicable measures for its prevention of use, early identification, treatment, rehabilitation and social integration of persons with cannabis use disorders in line with best international practices by qualified and well trained personnel. In addition, the right to health includes the right to be free from torture, non consensual treatment and experimentation [18].

Following the aforementioned, there is need for decriminalization of cannabis use and put in place laws that prevent harsh criminal penalties for possession of small amount or use. The routine arrest of people who only use cannabis should be stopped. Because it negatively affects their uptake of available services and drives them into hiding leading to more grievous consequences on the society. World Health Organization defines cannabis use disorder as a chronic relapsing brain disease and it is well documented that about 40-60% of people with drug use problem have co-morbidities [19]; therefore, victims should be seen as patients in need of treatment rather than labeling them as criminals.

Large volumes of published articles have shown that cannabis use is not without risks. Its legalization for recreational use should not be condoned especially in the under 25 years because of its relationships with health and the developing brain [20, 21]. However, in other not to "throw away the baby with the bath water" government should review policies to support research and development of pharmaceutical cannabinoids, and promoting research on the medical use of these compounds for the common good of humanity.

CONCLUSION

A paradigm shift is required in formulating drug policies that are about the protection and promotion of human health and welfare that are evidence-based and effective. It should not be based on response to internal pressure; moral, cultural attitudes and religious beliefs and external pressure; by other nations who often threatened imposition of both economic and political sanctions on countries that do not fully comply.

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ISSUP NIGERIA FIRST BI-MONTHLY WEBINAR

The Nigerian Society of Substance Use Prevention and Treatment Professionals (ISSUP Nigeria Chapter) held the first of her bi-monthly update webinar series titled: 'Experience and challenges in delivering drug demand reduction interventions during the COVID-19 pandemic, capacity building on evidence-based substance abuse prevention and treatment interventions, and the way forward' on July, 30th, 2020 by 3pm. The webinar had 188 participants from across globe.

The webinar was moderated by the President ISSUP, Nigeria; Dr. Martin Agwogie and the PRO, ISSUP Nigeria; Dr. Bawo James. Panelists were Dr. Oliver Stolpe (UNODC Nigeria Country Representative), Mrs. J. O. Titus-Awogbuyi (Director, Drug Demand Reduction, NDLEA), Dr. J. O. Salaudeen (Director, DDR, FMOH), and Dr. William Ebiti (National Coordinator, CIND).

The webinar commenced with opening remarks by the Executive Director of ISSUP Global, Joanna Travis-Roberts, following which Dr. Agwogie introduced the panellists. Dr. James, thereafter moderated the sessions with issues ranging from capacity building and engagement for substance use professionals utilizing IT resources in delivering prevention and treatment services in the intra, and post-COVID era enunciated.

The following are major highlights from the webinar.

I. There is the need to be more proactive in addressing the issues of drugs and substance abuse especially with the present COVID-19 pandemic which has become a risk factor for substance abuse.

ii. The challenges with access to drug treatment during COVID-19 and the need to develop alternative drug demand reduction operational strategies during the pandemic was emphasized.

iii. The DrugHelpNet and other initiatives/supports of the UNODC was applauded and should be sustained.

iv. The National Drug Law Enforcement Agency (NDLEA), Federal Ministry of Health, ISSUP Nigeria and the CSOs were also commended for their initiatives in drug control in Nigeria.

v. There is the need to strengthen advocacy for appropriate government interventions in drug control

vi. Institutions involved in drug control in Nigeria, including NGOs/CSOs should be given maximum support by the executive and legislative arms of government

vii. There is the need for more synergy among stakeholders in drug demand reduction. Synergy devoid of institutional and professional discrimination.

viii. Capacity building of practitioners was identified as the foundation in delivering evidence-based interventions. As such, sustainable strategies should be put in place to develop the capacity of drug demand reduction practitioners in Nigeria.

ix. The need for similar and regular sessions, involving the major stakeholders, was advocated.

UP COMING ISSUP BI-MONTHLY WEBINAR

- September 24, 2020
- November 26, 2020

Be on the look out for details

ISSUP NIGERIA NEWS

1. ISSUP Nigeria Chapter held its first bi-monthly webinar on the 30th of July, 2020
2. 14 members of ISSUP Nigeria Chapter completed a walk-through training on the development of addiction studies in Nigerian universities under the coordination of the International Consortium of Universities for Drug Demand Reduction (ICUDDR)
3. ISSUP Nigeria Executive Council held virtual meeting - 18th July 2020
4. ISSUP Executive Committee inaugurated in Kaduna state, North West Nigeria
5. Uyama Uyoata Uyoata appointed Coordinator of ISSUP in Adamawa state, North East Nigeria
6. 3 members of ISSUP Nigeria Chapter presented papers at the virtual conference of the International Consortium of Universities for Drug Demand Reduction (ICUDDR) - July 13th to 15th July 2020

Upcoming Events/Trainings and Conferences

1. ISSUP Nigeria Chapter Virtual Annual General Meeting (AGM) is scheduled for 20th October 2020
2. GISA/Colombo Plan UPC virtual training
   Date: 17th to 22nd August, 2020
   For participation call 0705 348 6054 or visit or click www.gisainitiative.org to register.
3. GISA Drug Abuse Prevention, Management and Policy in the Workplace virtual training
   Date: 1st to 3rd September, 2020
   For participation call 0705 348 6054 or visit or click www.gisainitiative.org to register.
4. African Union Commission (AUC), ISSUP Global, CICAD and ISSUP South Africa Virtual Conference commences on the 15th of September, 2020. Details will be communicated soon.

ISSUP Nigeria Chapter
Building a Multidisciplinary Network of Core and Allied Professionals
New members are welcome

Membership process
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- then go to membership
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